

AMENDMENTS TO THE CLAIMS

Please cancel Claims 1-8 and 16-20 and add Claims 21-33. Claims 9-15 remain as previously pending.

1. – 8. (Cancelled)

9. (Original) A method of draining of fluid, air and contaminants from a mammalian thoracic cavity comprising:

removing an axially elongate tube with a proximal and a distal end and a drainage lumen comprised therein from its sterile package;

inserting the distal end of the axially elongate tube into an incision in the thoracic wall of a mammalian patient;

selectively bending a region of increased flexibility near the distal tip of the axially elongate tube while advancing the tube into the chest cavity; and

selectively opening or closing a pre-attached valve to control the influx of fluid, air or contaminants into the body cavity through the drainage lumen of said axially elongate tube.

10. (Original) The method of Claim 9 wherein said bending of the axially elongate tube is controlled from the proximal end of said axially elongate tube whereby tortuous anatomy can be navigated.

11. (Original) The method of Claim 9 wherein said bending of said axially elongate tube is caused by retraction of a control rod.

12. (Original) The method of Claim 9 wherein said bending of said axially elongate tube is caused by electrical activation of a shape-memory actuator.

13. (Original) The method of Claim 9 further comprising the steps of:

inserting a hollow needle in the chest wall;

inserting a guidewire through the hollow needle into the chest;

removing the hollow needle;

advancing the chest drainage tube and a tapered trocar into the chest wall over the guidewire; and

removing the trocar.

14. (Original) The method of Claim 13 wherein said chest drainage tube is pre-mounted to said trocar.

15. (Original) The method of Claim 13 wherein said chest drainage tube is subsequently fixed in position relative to the opening in the chest wall.

16. – 20. (Cancelled)

21. (New) A method of draining of fluid, air and contaminants from a patient's thoracic cavity comprising:

inserting a hollow needle into an incision in the thoracic wall of a patient;

inserting a guidewire through the hollow needle into the thoracic cavity;

removing the hollow needle after inserting the guidewire;

inserting a distal end of an axially elongate tube, having a proximal end, the distal end, and a drainage lumen, over the guidewire and through the incision in the thoracic wall of the patient, wherein the distal end of the axially elongate tube is advanced into the thoracic cavity of the patient;

selectively opening or closing a valve, affixed to the axially elongate tube near its proximal end, to control the influx of fluid, air or contaminants into the body cavity through the drainage lumen of said axially elongate tube; and

removing the guidewire after inserting the axially elongate tube.

22. (New) The method of Claim 21 further comprising selectively bending a region of increased flexibility near the distal tip of the axially elongate tube while advancing the tube into the chest cavity.

23. (New) The method of Claim 21 wherein the axially elongate tube further comprises a sideport, operably connected to the drainage lumen, wherein said sideport is located near the distal end of the axially elongate tube.

24. (New) The method of Claim 21 wherein the valve is affixed to the proximal end of the axially elongate tube following removal of the axially elongate tube from a package.

25. (New) The method of Claim 21 wherein the valve is pre-attached to the axially elongate tube near the proximal end of the axially elongate tube, prior to removal of the axially elongate tube from a package.

26. (New) The method of Claim 21 wherein the axially elongate tube comprises a removable, flexible trocar, which is tapered to expand the incision in the

thoracic wall as the axially elongate tube and trocar are advanced through the thoracic wall.

27. (New) The method of Claim 21 further comprising the step of advancing an extracorporeal fixation device distally along the axially elongate tube so that the extracorporeal fixation device is adjacent the thoracic wall of the patient.

28. (New) The method of Claim 27 further comprising the step of operably locking the extracorporeal fixation device to prevent axial movement of said extracorporeal fixation device along the axially elongate tube.

29. (New) The method of Claim 21 further comprising the step of activating an intracorporeal fixation device, said intracorporeal fixation device being affixed to the axially elongate tube.

30. (New) The method of Claim 29, wherein the step of activating the intracorporeal fixation device comprises inflating a balloon through a balloon inflation port located substantially near the proximal end of the axially elongate tube.

31. (New) The method of Claim 21, wherein the step of selectively opening the valve comprises drawing a vacuum within a valve housing to open the valve.

32. (New) The method of Claim 31, wherein the step of selectively closing the valve comprises removing a vacuum from within a valve housing so that an open celled foam can expand to close the valve.

33. (New) The method of Claim 21 wherein the valve is a normally closed valve.